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PTO/SB/81 (02-01)

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Express Mail No.: EV 469160864 US		
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	herewith
	First Named Inventor	George Knoll
	Title	Fluid Filter Apparatus and Method
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	73004-001

I hereby appoint:

☒ Practitioners at Customer Number
OR

029493

Place barcode label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Firm or Individual Name	Robert C. Haldiman, #45,437				
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Country	USA				
Telephone	309-637-4900	Fax	309-637-4928		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	George Knoll
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to Mail Stop Comments - Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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		Express Mail No.	EV 469160878 US
DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)		Attorney Docket Number	73004-001
		First Named Inventor	George Knoll
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		COMPLETE IF KNOWN	
<input type="checkbox"/> Supplemental Declaration Submitted <input type="checkbox"/> Declaration Submitted for Continuation-In- Part Filing <input type="checkbox"/> Declaration Submitted for Divisional Filing	Application Number		
	Filing Date	herewith	
	Group Art Unit		
	Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fluid Filter Apparatus and Method

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under 35 U.S.C 119(e) of:

Prior Provisional Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		029493		OR <input type="checkbox"/> Correspondence address below	
Name Robert C. Haldiman							
Address Husch & Eppenberger, LLC, 190 Carondelet Plaza							
City St. Louis		State MO		ZIP 63105			
Country USA		Telephone 309-637-4900		Fax 309-637-4928			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) George				Family Name or Surname Knoll			
Inventor's Signature						Date	
Residence: City Belvidere		State Illinois		Country USA		Citizenship USA	
Mailing Address 748 Landmark Drive							
City Belvidere		State Illinois		ZIP 61008		Country USA	
NAME OF SECOND INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							